

I hope we give the kind of support that is necessary.

MEDICARE PRESCRIPTION DRUGS

Mr. THOMAS. Madam President, we also have issues at home about which we ought to be talking. One of them is health care, of course. We have great health care in this country, the best in the world. We have some limited access, however, because of the costs, and we need to address that issue.

There are many reasons for the costs. One reason is liability and malpractice, which we do not seem to be able to deal with. Another reason, I suppose, is overutilization. There is a difference between health care and health. We have some responsibility to take care of ourselves as well. Modern equipment is the biggest cost increase. We all want the modern equipment. We have to find the system in which the costs can be reduced.

In any event, what we are talking about today is the opportunity to make it much better for Medicare folks through a Medicare drug discount card in which seniors will soon be able to enroll. All Medicare beneficiaries, except those who have medication paid for by Medicaid, will be eligible. While seniors may enroll in only one Medicare-approved discount card, they can keep the other discount cards if they have them, if they like. There are going to be 40 official discount cards available. It is surprising there has been that much involvement. It shows we are moving in the right direction and doing what needs to be done.

This is the first time in Medicare's history that seniors will have a discount for pharmaceutical drugs. Quite frankly, it is the first thing in about 30 years we have done to bring Medicare more into the modern world and give some options to seniors. I want to emphasize what is going to happen. In 2006, there are going to be options for seniors. They can stay with what they now have. It is also the first time that low-income seniors will receive additional assistance from the Federal Government for the cost of their medications. It is a great step forward for seniors to deal with the high cost of drugs.

This is more of a temporary program. When we put this together in the Finance Committee, of which I am a member, we knew changes were going to be difficult. We knew it would take some time to prepare for those changes, not only on the part of seniors but on the part of people who have a program. This program will be implemented and in place until 2006, when there will be a broad system put into place. We need to take advantage of this card system as quickly as possible so we get the benefits from it.

I commend the hard work of Secretary Tommy Thompson and CMS Administrator Mark McClellan. There has been an overwhelming response to this program. As I mentioned, 40 drug discount cards will be available from

which seniors can choose. I believe there are an additional 33 that will be available on a regional basis. So there is a lot of interest for doing something in this area.

Drug card sponsors are required to provide information to beneficiaries, the annual enrollment fee cannot be more than \$30 per year, and the people who are putting out the cards will have to show what their discount prices will be. The transparency will give an opportunity for people to choose what will work best for them.

We are trying to make this as simple as possible. Medicare's Web site will be the best opportunity for people to get an update on drug prices. The Web site is www.medicare.gov. The information will be there. In my home State of Wyoming, AARP is holding seminars to help people understand the benefits, what the options are, and how you can take advantage of them. It is very important for seniors in the next couple of weeks to take advantage of the informational efforts being put forth. The easiest one, of course, is for seniors to call 1-800-Medicare, and a live person in this country will answer and help them figure out the card that meets their needs the best.

CMS has already received a lot of calls. They received 112,000 calls on Monday, as a matter of fact—isn't that amazing?—and 94,000 on Tuesday from seniors seeking information. It is the right thing to do to call that 1-800-Medicare number.

The average wait is only a very short 22 seconds, I believe. This is a huge accomplishment for a Federal bureaucracy to be able to put this into place to deal with that many people in that short a time.

By mid-May, seniors should make a decision so they can receive a card, and the benefits are to begin on June 1. I think it is great to take advantage of this information. Our own offices in Wyoming will have the information as to where people can go to get the information and find out the choices that are available.

Contrary to what some people have said on the other side of the aisle, this discount card will provide for significant savings. There was a study that was done which shows there will be an approximate 17-, 18- to 25-percent reduction in the cost. The average beneficiary will probably spend \$1,500. This is a significant amount of saving over where we are today.

It is expected that the overall savings to seniors would be probably about a billion dollars over the next year, and that is very useful.

The card provides immediate help to the most needy Medicare beneficiaries. Low-income seniors who do not currently have prescription drug coverage or do not qualify for Medicaid will be given additional help. Low-income beneficiaries will be helped by receiving \$600 annually to help them buy the medicine right from the pharmaceutical companies.

To qualify for that additional assistance, they must have an income of 135 percent of the Federal poverty level. That is about \$12,000 per individual or \$16,000 for couples. If they qualify for Medicaid, of course, they get their assistance there and will not get it from the card.

Further, the Federal Government will pay the annual enrollment fees for low-income seniors. Major card companies have told HHS that they will continue to provide the drugs that are already given free or at a steeply discounted rate for those people who qualify for the \$600 use. So low-income people will reap a great benefit from this.

In Wyoming, of course, we know that our AARP chapter and the Senior Health Insurance Information Program have been working hard. I think that is the case in all States. So I guess the point we are trying to make today is, here is a program that has the potential to be beneficial to all Medicare recipients. It is a choice program. If they have other cards that are not in this official brand, they may keep those. They do not need to get into it if they choose not to, but it is beneficial, and they need to know what is required to get the information and then have an opportunity to make choices among several things that can indeed happen.

So we want to urge everyone to take advantage of this potential new change and the opportunities available to reap some savings and to make pharmaceuticals even a stronger part of their health care program by making them less expensive through this program.

I yield to my friend from Wyoming.

The PRESIDING OFFICER. The Senator from Wyoming.

FILING DEADLINE

Mr. ENZI. I ask unanimous consent that the filing deadline under cloture rules for second-degree amendments to the Daschle amendment occur at 11:30 a.m. today.

The PRESIDING OFFICER. Is there objection? Without objection, it is so ordered.

Mr. ENZI. Madam President, I am a little disturbed at some of the words I heard on the Senate floor this morning. The minority is trying to take the President apart at the cost of our troops, and we cannot stand for that. We have people fighting in Iraq. Two weeks ago I was in Germany, and I met with some of the wounded troops. We thought we would have to pump them up, but they pumped us up. Their message to us was: How come everything sounds so bad back home when it is improving in Iraq? They said the people of Iraq appreciate what we are doing. We are making a difference. Let us do our job.

Then we hear this rhetoric which is just based on a Presidential election. It has nothing to do with the true feelings in Iraq or the protection of our troops. In much the same way, I hear people on that side of the aisle trying to scare seniors about Medicare.